# CENTRAL INTELLIGENCE AGENCY

# INFORMATION REPORT

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joined the staff and will be responsible for legal and general business matters. She was previously in the service of the government of Land Brandenburg.

- The DRK appears to have no legal standing yet, but the Ministry expects it soon. In late October 1952, Dr. Werner Ludwig, the head of the DRK, was promised legal standing in a conference with Willi Stoph when the latter headed the Buero fuer Wirtschaftsfragen 1.
- In late October, the DRK was making great efforts to get schooling facilities for nurses, so that nursing auxiliaries could be trained in evening classes.
- Dr. Reinhard Schwarzlose has been appointed DRK Bezirk's doctor for 6. Bezirk Frankfurt/Oder.

The Organization of public health on the new Bezirk government basis.

The Ministry plans for each Bezirk to have a public health department, with a total staff of about 25. Each department will be organized as follows: 7.

> Abteilung Gesundheitswesen (Public Health Department)

Haushaltsreferat (Management)

Referat Planung und Statistik (Planning and Statistics Section)

Referat l ------Heilwesen Medica Pusasitor

Referat 2 ----∽Hygiene (Public Health) ---Mutter und Kind Referat 3----(Mother and Child)

The following appointments to the public health departments have become known: 8.

Bezirk Cottbus

head: Dr. Otto Hygiene: Frau Dr. Sigismund (nee Mueller - also head of the Cottbus hygiene center (ZfH))

Bezirk Dresdens

heads Dr. med. Kurt Wohlrabe Hygiene: Dr. Doehrisch

Bezirk Erfurt:

heads Dr. Voellkopf Heilwesen: Dr. Heinz Kornmann

Bezirk Frankfurt/Oder

head: Dr. Mundt

Heilwesen: Dr. Heinersdorf Hygiene: Dr. Muller (also head of hygiene center (ZfH))

Bezirk Halle:

head: Dr. Heinz Grahneis (also head of ZfH) Heilwesen: Dr. Toms

Bezirk Neubrandenburg:

heads Dr. Beyer

Bezirk Rostocks

heads Dr. Hempel Hygiene: Dr. Schreb<sup>2</sup>

Bezirk Schwerin:

head: Dr. Riemschneider Hygiene: Dr. Heinrich

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### Public Health (Hygiene) in East Berlin

9. Health measures in East Berlin are dealt with in a different manner from those in the rest of East Germany. In East Berlin the organization is similar to that which existed in Germany before 1945 and still exists in West Germany. Matters of municipal healths, anti-epidemic work and public diagnostic work are controlled by the Landesgesundheitsamt, Berlin C2, Fischerstrasse 39-42 (Tel. 51-02-81). This office controls two "medical investigations centers", the Lichtenberg Hospital, Berlin-Lichtenberg Herzbergstrasse 79, headed by Dr. Voigt and the Friedrichshain Hospital, Berlin NO 18, Leninallee 171 (Tel 51-02-61), headed by Dr. Rudolf Hemann.

Central Serum and Vaccine Testing Institute, Berlin-Pankow, Wollankstrasse 16

- History. Discussions were held in the Russian Zone of Germany, as long ago as 1948, on the possibility of building an institute for testing sera and vaccines, so as to make the Russian Zone independent of the Paul-Ehrlich and Robert-Koch Institutes in the West. At that time, a suitable head for such an institute could not be found. It was then decided to send two bacteriolar ogists to Professor Richard Prigge at Marburg, for training. Prigge was amenable to the idea but in the end nobody was sent, since it was feared that they would never return. Finally, in 1950, the Party (SED) ordered the building of an institute for which 600,000 DM East was allotted. After many difficulties the new institute was finished in March 1952.
- ll. Staff. The only qualified personnel are Dr. med. Karl Sorgenfrei, formerly head of the Zentralstelle fuer Hygiene, Bautzen, and Dr. med. Ruth Kersten, formerly of the central Ministry of Health. Dr. Sorgenfrei is head and Dr. Kersten deputy head of the Central Serum and Vaccine Testing Institute.
- 12. Assignments: The Institute will eventually test:
  - (a) all East German disinfectants
  - (b) blood group test sera
  - (c) agglutinating sera
  - (d) smallpox lymph
  - (e) all vaccines
  - (f) all anti-toxins
  - (g) extracts for syphilisis diagnosis.
- Work. The institute is not yet able to fulfill all its assignments (see below). Testing of disinfectants was taken over by the Institute only on 1 Cotober 1952 from Professor Georg Wildfuehr of Leipzig. Testing of penicillin, streptomycin and BCG is still done by Professor Johannes Kathe in Rostook. Because the Wollankstrasse Institute is unable to undertake the work, East Germany is still dependent on the West for the following:
  - (a) Marburg/Lahna diptheria and tetanus vaccines; diptheria, tetanus and gas gangrene (Gasbrandoedem) sera.
  - (b) West Berlin: typhus and virus influenza vaccines; extracts for syphilis (Robert-Koch diagnosis.

    Institute)

The East German Institute cannot undertake the work of testing diptheria and tetanus vaccines because it lacks the necessary standard toxins. For the sera which are tested in Marburg, East Germany lacks both the necessary standard sera and the experience.

14.. General. The work of the Institute is now floundering because of the lack of qualified personnel in East Germany. Dr. Sorgenfrei is also showing little initiative. The Ministry of Health is very dissatisfied with the Institute.

The general East German epidemiological situation in late October 1952

15. From a Ministerial desk in the last days of Ootober 1952, the general epidemiological situation was viewed as follows:

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- a. In general the situation was very good. Particularly notable was the recent decline in new cases of tuberculosis and of infectious skin diseases. The decline had been quite rapid in the case of tuberculosis. There had been no recent widespread epidemics.
- b. Poliomyelitis, however, had increased somewhat in recent months; about 260 new cases were reported for August. Land Saxony Kreise Aug. Chemnitz and Dresden were particularly affected.
- c. There had been a recent increase is diphtheria cases in Saxony-Anhalt.
- d. Since the outbreak of infecticus hepatitis in Johanngeorgenstadt in August, there had been more frequent reports of this disease from other parts of East Germany. The Ministry attributed this to the probability of improved methods of diagnosis.
- e. Drinking water supplies and waste water disposal methods were a black mark in the general picture. They were particularly bad in the Erzgebirge, some heavy industrial areas, and Land Mecklenburg.
- f. Cases of food poisoning were also still very common. Lack of money and other difficulties in procuring adequate slaughterhouse facilities and cold storage space for food were largely to blame.
- g. Finally, it had to be said that anti-epidemic work in general was suffering from a lack of money, trained personnel, doctors and assistants, and of transport and fuel. The shortage of fuel meant that officials had to fight epidemics too much from their desks, using minutes, circulars and orders for their weapons.

#### Infectious hepatitis

- 16. Cases of infectious hepatitis occur in East Germany from time to time.

  There have been a number of cases among Wismut AG workers in the Erzgebirge this year.
  - a. The Ministry of Health received reports of a severe outbreak in August 1952 in Johanngeorgenstadt. The Secretary of State, Frau Jenny Matern, ordered an investigation, and two senior members of the Hygiene Inspectorate went down to the Erzgebirgs on 29-31 August 1952.
  - b. The Ministry officials conferred with:

    Frau Dr. Dolgova, head of the Russian side of Wismut AG's public health section.

Russian doctors from the Wismut Polyolinic in Johanngeorgenstadt.

Dr. Heilmann, German head of the SVK (7) Wismut Hygiene Section.

Prof. Georg Wildfuehr.

Dr. Schminke, Ministry of Health, Bezirk Chemnitz.

Dr. Ebel, chief German doctor of the Wismut Polyclinic.

Dr. Rudolf Horn, deputy head of the Hygiene Center (ZfH), Zwickau.

c. The officials learned that there had been the following cases of infectious hepatitis in the area:

Autumn 1951	. 😘 o	110
May 1952		4
June 1952		1.
July 1952		14
August (recorded up to		139
29 August 1952)	• *	١

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- d. In the August outbreak, 53 per cent of the cases were young persons of 15 to 25 years of age, eight cases were children. All cases except eight were employees of SVK Wismut or their dependents. The Russian authorities had made 80 beds available in Erlabrunn for the cases.
- e. The Ministry officials concluded in their report, made on their return to Berlin, that:
  - 1. The cause of the epidemic lay beyond doubt in the very inadequate hygienic conditions in the area, particularly in the state of the drinking water supply and waste water arrangements.
  - 2. An endemic infectious hepatitis center was involved.
  - 3. Liaison between the Russian health organization of Wismut AG and the normal German organization had been inadequate; this was to be attributed to the lack of a technically qualified interpreter.
  - 4. A permanent anti-rat campaign in Johanngeorgenstadt should be instituted.
  - 5. Reorganization of the town's drinking water and waste systems seemed desirable on anti-epidemic, economic and political grounds.

# Disease statistics, 1947 and 1948

The following figures may be of interest for comparison with current statistics. They are taken from the East German quarterly epidemiological report for the fourth quarter of 1948, sent by the Ministry to the Soviet Control Commission ((SCC) in February 1949.

### Total East German figures

Typhoid	1947/IV 1948/III 1948/IV	New cases 3847 2251 1735	Deaths 462 191 194
Paratyphoid	1947/IV	292	12
	1948/III	540	9
	1948 IV	366	10
Dysentery	1947/IV	631	105
	1948/III	441	36
	1948/IV	154	14
Diphtheria	1947/IV	8029	342
	1948/III	3945	80
	1948/IV	4643	142
Malaria (acute)	1947/III 1948/III 1948/IV	76 <b>5</b> 98 6 <b>7</b>	2 1
Malaria (recurrent)	1947/IV 1948/III 1948/IV	1322 333	- -
Poliomyelitis	1947/IV	608	108
	1948/III	602	65
	1948/IV	591	65

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#### VEB JENAPHARM, JENA

- The Ministry understood that in October 1952, Professor Hans Knoell was concentrating on the production of a new preparation against cancer. He told the Ministry that the results with mice had been "surprisingly good". It was not yet known how effective the preparation would be in humans. On 31 October 1952, Professor Knoell gave up his post as managing director of VEB Jenapharm in order to carry out cancer research at a new bacteriological institute on the Babelsberg near Jena. His successor at Jena is Dr. Kohler (fnu), the former scientific director.
- 20. The streptomycin plant in Jena Muehlenstrasse is now producing an average of 3 kilograms per month. The quality is satisfactory. This is well below the planned output figure. Efforts are being made to increase production to the planned 8 kilograms per month.

# Work of Chinese doctors

21. Four Chinese doctors, all tuberculosis specialists, visited East Germany in the Spring of 1952. They came in connection with the Internal Diseases Congress in Leipzig. The delegation was taken by Dr. Guenter Fachmin of the Ministry to Jenapharm, the new Institute for Microbiology and Experimental Therapy, and the tuberculosis sanatorium in Bad Berka.

•	Comment: Formerly Ministry of Health of Land Mecklenburg.
	Comment: Formerly assistant to Professor Johannes Kathe.
	Comment: Bove's-Calmette-Guerin, an anti-tuberculosis vaccine. 2

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